Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF INDIANA	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
your opictur exam		e the name that is on government-issued ure identification (for mple, your driver's use or passport).	Dorothy First name Annabeth Middle name	First name Middle name
	iden	g your picture tification to your ting with the trustee.	Hurt Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	use Inclu	other names you have d in the last 8 years ude your married or den names.	Dorothy Sembach Hurt	
3.	you num Indi	y the last 4 digits of r Social Security liber or federal vidual Taxpayer itification number	xxx-xx-1894	

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 2 of 63

Debtor 1 Dorothy Annabeth Hurt

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	☐ I have not used any business name or EINs. FDBA Showline Drywall, LLC Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs
5.	Where you live	9153 Venona Way	If Debtor 2 lives at a different address:
		Indianapolis, IN 46234 Number, Street, City, State & ZIP Code Marion County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. Number, P.O. Box, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 3 of 63

Case number (if known)

7.	The chapter of the Bankruptcy Code you are				each, see <i>Notice Required by</i> ge 1 and check the appropriate	11 U.S.C. § 342(b) for Individuals Filing for Bankro box.	uptcy
	choosing to file under	■ Chapt	er 7				
		☐ Chapt	er 11				
		☐ Chapt	er 12				
		☐ Chapt	er 13				
8.	How you will pay the fee	abo ord	out how you	u may pay. Typica attorney is submitt	lly, if you are paying the fee yo	with the clerk's office in your local court for more urself, you may pay with cash, cashier's check, oalf, your attorney may pay with a credit card or che	r money
						n, sign and attach the Application for Individuals	to Pay
		☐ I re	quest that	my fee be waive		only if you are filing for Chapter 7. By law, a judgur income is less than 150% of the official poverty	
						installments). If you choose this option, you must ial Form 103B) and file it with your petition.	t fill out
9.	. Have you filed for ■ No. bankruptcy within the						
	last 8 years?	☐ Yes.					
			District		When	Case number	
			District		When	Case number	
			District		When	Case number	
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	■ No □ Yes.					
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
11.	Do you rent your residence?	■ No.	Go to lir	ne 12.			
	i coluction :	☐ Yes.	Has you	ır landlord obtaine	d an eviction judgment agains	you?	
				No. Go to line 12.			
				Yes. Fill out <i>Initial</i>	Statement About an Eviction	ludgment Against You (Form 101A) and file it as p	part of

Debtor 1 Dorothy Annabeth Hurt

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 4 of 63

Deb	otor 1 Dorothy Annabeth	n Hurt			Case number (if known)			
Par	t 3: Report About Any Bu	sinesses	You Owi	n as a Sole Proprie	etor			
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.				
		☐ Yes.	Name	e and location of bus	usiness			
	A sole proprietorship is a							
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			Name of business, if any				
	If you have more than one sole proprietorship, use a separate sheet and attach		Numl	per, Street, City, Stat	ate & ZIP Code			
	it to this petition.		Chec	k the appropriate bo	pox to describe your business:			
				Health Care Busir	siness (as defined in 11 U.S.C. § 101(27A))			
				Single Asset Real	al Estate (as defined in 11 U.S.C. § 101(51B))			
				Stockbroker (as d	defined in 11 U.S.C. § 101(53A))			
				Commodity Broke	ker (as defined in 11 U.S.C. § 101(6))			
				None of the above	ve			
13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, in 11 U.S.C. 1116(1)(B).					e a small business debtor, you must attach your most recent balance sheet, statement of			
	For a definition of small	■ No.	I am	not filing under Chap	apter 11.			
	business debtor, see 11 U.S.C. § 101(51D).	□ No.		I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.				
		☐ Yes.	I am	filing under Chapter	er 11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
Par	t 4: Report if You Own or	Have Any	Hazard	ous Property or An	ny Property That Needs Immediate Attention			
14.	Do you own or have any	■ No.						
	property that poses or is alleged to pose a threat	☐ Yes.						
	of imminent and identifiable hazard to public health or safety?	- 100.	What is	the hazard?				
	Or do you own any property that needs immediate attention?			diate attention is , why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where i	s the property?				
					Number, Street, City, State & Zip Code			

Debtor 1 Dorothy Annabeth Hurt

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 6 of 63

Deb	tor 1 Dorothy Annabeth	n Hurt		Case number	(if known)				
Part	6: Answer These Quest	ions for Repo	orting Purposes						
16.	What kind of debts do you have?			nsumer debts? Consumer debts are definonal, family, or household purpose."	ed in 11 U.S.C. § 101(8) as "incurred by an				
			■ No. Go to line 16b.						
			Yes. Go to line 17.						
				siness debts? Business debts are debts t stment or through the operation of the busin					
			No. Go to line 16c.						
			Yes. Go to line 17.						
		16c. S	tate the type of debts you over	we that are not consumer debts or business	s debts				
17.	Are you filing under Chapter 7?	□ No. I a	am not filing under Chapter	7. Go to line 18.					
	Do you estimate that after any exempt property is excluded and administrative expenses	— res.	e paid that funds will be ava	to you estimate that after any exempt properailable to distribute to unsecured creditors?	erty is excluded and administrative expenses				
	are paid that funds will		No						
	be available for distribution to unsecured creditors?	L	l Yes						
18.	How many Creditors do	1 -49		□ 1,000-5,000	□ 25,001-50,000				
	ou estimate that you owe?	☐ 50-99		□ 5001-10,000	50,001-100,000				
		□ 100-199 □ 200-999		☐ 10,001-25,000	☐ More than100,000				
19.	How much do you	□ \$0 - \$50,000		☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion				
	estimate your assets to be worth?	□ \$50,001		☐ \$10,000,001 - \$50 million	☐ \$1,000,000,001 - \$10 billion				
	De Wortin.	■ \$100,001 - \$500,000 □ \$500,001 - \$1 million		☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion				
20.	How much do you	□ \$0 - \$50,	000	■ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion				
	estimate your liabilities to be?	□ \$50,001		☐ \$10,000,001 - \$50 million	☐ \$1,000,000,001 - \$10 billion				
	10 50.	□ \$100,00° □ \$500,00°		□ \$50,000,001 - \$100 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion				
		— \$500,00	- \$1 million	□ \$100,000,001 - \$500 million	imore than \$50 billion				
Part	7: Sign Below								
For	you	I have exam	ined this petition, and I dec	lare under penalty of perjury that the inform	ation provided is true and correct.				
				I am aware that I may proceed, if eligible, plief available under each chapter, and I cho					
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).							
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.							
		bankruptcy and 3571.	case can result in fines up to	concealing property, or obtaining money or o \$250,000, or imprisonment for up to 20 years.	property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519,				
			y Annabeth Hurt nnabeth Hurt Debtor 1	Signature of Debtor	2				
		Executed or	December 17, 2018 MM / DD / YYYY	Executed on	/ DD / YYYY				
			, DD / 1111	IVIIVI					

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 7 of 63

Debtor 1 Dorothy Annabeth Hurt

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Mark S. Zuckerberg	Date	December 17, 2018
Signature of Attorney for Debtor		MM / DD / YYYY
Mark S. Zuckerberg 13815-49		
Printed name		
Bankruptcy Law Office of Mark S. Zuckerberg	g	
Firm name		
429 N. Pennsylvania Street - Suite 100		
Indianapolis, IN 46204		
Number, Street, City, State & ZIP Code		
Contact phone 317-687-0000	Email address	filings@mszlaw.com
13815-49 IN		
Bar number & State		

Fill	in this inform	nation to identify your	case:			
	otor 1	Dorothy Annabe				
	_	First Name	Middle Name	Last Name		
	otor 2 ouse if, filing)	First Name	Middle Name	Last Name		
Uni	ted States Bar	nkruptcy Court for the:	SOUTHERN DISTRICT O	OF INDIANA		
Cas	se number					
(if kn	own)				_	Check if this is an mended filing
∩f	ficial Ea	rm 107				
	ficial For atement		Affairs for Individ	duals Filing for B	ankruptcy	4/16
					equally responsible for sup	
		n). Answer every ques		ano romin on the top or an	, additional pages, time yes	ar riamo una caco
Par	t 1: Give D	etails About Your Ma	rital Status and Where You	Lived Before		
1.	What is your	current marital statu	s?			
	□ Married■ Not mar	ried				
2.	During the la	ast 3 years, have you l	ived anywhere other than	where you live now?		
	■ N:		•	·		
	■ No □ Yes. Lis	t all of the places you li	ved in the last 3 years. Do no	ot include where you live now	<i>i</i> .	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. state					ity property state or territory	
	■ Na				•	,
	■ No □ Yes. Ma	ke sure you fill out Sch	edule H: Your Codebtors (Of	fficial Form 106H).		
Par	t 2 Explai	n the Sources of Your	Income			
4.	Fill in the tota	I amount of income you	received from all jobs and a	g a business during this yeall businesses, including parter together, list it only once ur		ndar years?
	□ No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	last calenda nuary 1 to De	r year: cember 31, 2018)	☐ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commissions, bonuses, tips	
			Operating a business		☐ Operating a business	

Official Form 107

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 9 of 63

Debtor 1 Dorothy Annabeth Hurt						Cas	Case number (if known)			
					Debtor 1		Debtor 2			
					Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc		Gross income (before deductions and exclusions)	
				efore that: r 31, 2017)	☐ Wages, commissions, bonuses, tips	\$31,625.00	☐ Wages, conbonuses, tips			
					Operating a business		☐ Operating a	business		
			dar year: Decembe	r 31, 2016)	☐ Wages, commissions, bonuses, tips	\$230,995.00	☐ Wages, conbonuses, tips	nmissions,		
					Operating a business		☐ Operating a	business		
5.	Includand of winni	de indother ings. I	come rega public ben If you are	rdless of wheth efit payments; filing a joint cas If the gross inco	e during this year or the two er that income is taxable. Exa pensions; rental income; inter- e and you have income that y me from each source separat	imples of other income are a est; dividends; money collect ou received together, list it con to the contract of the contrac	ted from lawsuits only once under D	; royalties; and ebtor 1.	ecurity, unemployment d gambling and lottery	
					Debtor 1		Debtor 2			
					Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inc Describe below		Gross income (before deductions and exclusions)	
Pa	rt 3:	List	Certain F	Payments You	Made Before You Filed for B	Bankruptcy				
6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? ■ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incindividual primarily for a personal, family, or household purpose." □ During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? □ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total am paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. □ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. □ During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Go to line 7.						ne total amount you nd alimony. Also, do				
			□ Yes	include pay attorney for	each creditor to whom you paid ments for domestic support of this bankruptcy case.	oligations, such as child supp		Álso, do not i	nclude payments to an	
	Cred	ditor'	s Name a	nd Address	Dates of payme	nt Total amount paid	Amount you still owe	Was this p	payment for	

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 10 of 63

Case number (if known)

7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporation of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.								
	No☐ Yes. List all payments to an insider.								
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason fo	r this payment			
8.	Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cosi		ments or transfer an	y property on a	ccount of a d	debt that benefited an			
	No☐ Yes. List all payments to an insider								
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe		r this payment ditor's name			
Par	t 4: Identify Legal Actions, Repossession	s, and Foreclosures							
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. Case title					rt or custody			
	Case number	Nature of the case	Court or agency		Status of t	ne case			
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below ■ No. Go to line 11. □ Yes. Fill in the information below. Creditor Name and Address			reclosed, garnis	shed, attache	ed, seized, or levied? Value of the property			
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment beca No Yes. Fill in the details. Creditor Name and Address	tcy, did any creditor, incl	uding a bank or fina		, set off any	amounts from your			
	Creditor Name and Address	Describe the action the	creditor took	taker		Amount			
	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or an No Yes List Certain Gifts and Contributions	ey, was any of your prope nother official?	rty in the possessio	n of an assigne	e for the ben	efit of creditors, a			
		toy did you give any gifts	with a total value of	f mara than \$00	0 nor nore :-	.2			
13.	Within 2 years before you filed for bankrupt ■ No □ Yes. Fill in the details for each gift.	ccy, aid you give any girts	s with a total value of	r more than \$60	u per persor	1,			
	Gifts with a total value of more than \$600 per person	Describe the gifts		Dates the g	s you gave ifts	Value			
	Person to Whom You Gave the Gift and Address:								

Official Form 107

Debtor 1 **Dorothy Annabeth Hurt**

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 11 of 63

Case number (if known)

14.	Within 2 years before you filed for bankrup ☐ No	otcy, d	id you give any gifts or contribution	ns with a tota	I value of more than	n \$600 to any charity?				
	Yes. Fill in the details for each gift or cor	ntributi	on.							
	Gifts or contributions to charities that tot more than \$600 Charity's Name	tal	Describe what you contributed		Dates you contributed	Value				
	Address (Number, Street, City, State and ZIP Code) Various Boston Terrier Rescues		Total as outlined in 2017 tax re	eturns	Various	\$675.00				
	various Boston Terrier Rescues		Total as outlined in 2017 tax is	cturiis.	Various	ψ07 3.00				
Par	t 6: List Certain Losses									
15.	Within 1 year before you filed for bankrupt or gambling?	cy or	since you filed for bankruptcy, did y	you lose anyt	hing because of the	eft, fire, other disaster				
	■ No □ Yes. Fill in the details.									
		Descril	oe any insurance coverage for the le	220	Date of your	Value of property				
	how the loss occurred	nclude	the amount that insurance has paid. It ce claims on line 33 of Schedule A/B:	List pending	loss	lost				
Par	t 7: List Certain Payments or Transfers			, ,						
	· · · · · · · · · · · · · · · · · · ·									
16.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.									
	□ No	□ No								
	Yes. Fill in the details.									
	Person Who Was Paid		Description and value of any prop	ertv	Date payment	Amount of				
	Address Email or website address Person Who Made the Payment, if Not You		transferred		or transfer was made	payment				
	Bankruptcy Law Office of Mark S.	u	Attorney Fees	11/2018	\$6,145.00					
	Zuckerb		•		. ,					
	429 N. Pennsylvania Street - Suite 10 Indianapolis, IN 46204 filings@mszlaw.com									
17.	Within 1 year before you filed for bankrupt promised to help you deal with your credit Do not include any payment or transfer that you	ors or	to make payments to your creditor		r transfer any prop	erty to anyone who				
	■ No □ Yes. Fill in the details.									
	Person Who Was Paid		Description and value of any prop	erty	Date payment	Amount of				
	Address		transferred	·	or transfer was made	payment				
18.	Within 2 years before you filed for bankrup			sfer any prop	erty to anyone, oth	er than property				
	transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.									
	■ No □ Yes. Fill in the details.									
	Person Who Received Transfer Address		Description and value of property transferred		any property or received or debts	Date transfer was made				
	Person's relationship to you			paid in exc						
	i Gradii a relationaliip to you									

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a

Debtor 1 Dorothy Annabeth Hurt

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 12 of 63

Case number (if known)

Debto	Dorothy Annabeth Hurt			Case nui	mber (if known)	
	- 110	rotection devices.)				
	Too. I iii iii doddiio.					
N	lame of trust	Description and	value of the pi	roperty tran	sferred	Date Transfer was made
Part 8	List of Certain Financial Accounts, In	nstruments. Safe Depos	it Boxes, and	Storage Un	its	
	·					
so In	ithin 1 year before you filed for bankrupt old, moved, or transferred? clude checking, savings, money market, ouses, pension funds, cooperatives, asso l No	or other financial accou	ınts; certificat	es of depos	-	
	Yes. Fill in the details.					
Δ	lame of Financial Institution and Address (Number, Street, City, State and ZIP ode)	Last 4 digits of account number	Type of accinstrument	ount or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
C	Chase	xxxx-XXXX	■ Checking 7/2018 □ Savings □ Money Market □ Brokerage □ Other		7/2018	\$0.00
F	First Merchants	xxxx-xxxx	■ Checking		7/2018	\$23.00
	PO Box 2122	7000.7000	■ Checking □ Savings	1	.,_0.0	V _0.00
T	erre Haute, IN 47802		☐ Money M ☐ Brokerag ☐ Other			
ca	o you now have, or did you have within 1 ash, or other valuables?	year before you filed fo	r bankruptcy,	any safe de	eposit box or other depo	ository for securities,
	Yes. Fill in the details.					
	lame of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, State and ZIP Code)		Describe	e the contents	Do you still have it?
22. H a	ave you stored property in a storage unit	or place other than you	r home within	1 year befo	ore you filed for bankru	otcy?
	. 140					
	lame of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe	e the contents	Do you still have it?
Part 9	Identify Property You Hold or Control	ol for Someone Else				
fo	o you hold or control any property that s r someone.	omeone else owns? Incl	lude any prop	erty you bo	rrowed from, are storing	g for, or hold in trust
	l No l Yes. Fill in the details.					
-	Wher's Name	Where is the pro	nerty?	Describe	the property	Value
_	Address (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City, Code)		Describe	e the property	value
F	amily Members	Garage/Shed		Work B (3) Guit	ench, Snow Blower, ars	\$1,500.00
_				(0)		

Debtor 1 Dorothy Annabeth Hurt

Case number (if known)

Part 10:	Give Details About Environmental Information
----------	--

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

	regulations controlling the cleanup of these		iwater, or other medium, including sta	itutes of			
	Site means any location, facility, or propert	•	aw, whether you now own, operate, o	r utilize it or used			
	to own, operate, or utilize it, including disp			_			
	Hazardous material means anything an envi hazardous material, pollutant, contaminant		waste, hazardous substance, toxic si	ubstance,			
Rep	ort all notices, releases, and proceedings th	at you know about, regardless of when	they occurred.				
24.	Has any governmental unit notified you that	t you may be liable or potentially liable	under or in violation of an environme	ntal law?			
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
25.	Have you notified any governmental unit of	any release of hazardous material?					
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
26.	Have you been a party in any judicial or add	ministrative proceeding under any envi	ronmental law? Include settlements a	nd orders.			
	■ No □ Yes. Fill in the details.						
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case			
Par	t 11: Give Details About Your Business or	Connections to Any Business					
27.	Within 4 years before you filed for bankrup	tcy, did you own a business or have an	y of the following connections to any	business?			
	☐ A sole proprietor or self-employed i	in a trade, profession, or other activity,	either full-time or part-time				
	☐ A member of a limited liability comp	pany (LLC) or limited liability partnersh	ip (LLP)				
	☐ A partner in a partnership						
	☐ An officer, director, or managing ex	ecutive of a corporation					
	☐ An owner of at least 5% of the votin	•					
	□ No. None of the above applies. Go to Part 12.						
	Yes. Check all that apply above and fil	I in the details below for each business	3.				
	Business Name	Describe the nature of the business	Employer Identification number				
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security number or ITIN.				
	Showline Drywall LLC	Drywall/Remodel	Dates business existed EIN:				
	8240 Indy Lane Indianapolis, IN 46214	•	From-To 3/1998 to 1/2018				

Official Form 107

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 14 of 63

Debtor 1 Dorothy Annabeth Hurt

Case number (if known)

	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed			
	Showline Properties LLC 8240 Indy Lane Indianapolis, IN 46214	Commercial Building Ownership	EIN: From-To 2004 to 2018			
28.	Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.					
	institutions, creditors, or other parties.					
	No Yes. Fill in the details below.					
	■ No	Date Issued				

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 15 of 63

Debtor	Dorothy Annabeth Hurt	Case number (if known)
Part 12	2: Sign Below	
are true	e and correct. I understand that making a	nancial Affairs and any attachments, and I declare under penalty of perjury that the answers false statement, concealing property, or obtaining money or property by fraud in connection \$250,000, or imprisonment for up to 20 years, or both.
/s/ Do	rothy Annabeth Hurt	
	hy Annabeth Hurt ture of Debtor 1	Signature of Debtor 2
Date	December 17, 2018	Date
Did you	u attach additional pages to Your Statem	ent of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
■ No		
☐ Yes		
Did you	u pay or agree to pay someone who is no	t an attorney to help you fill out bankruptcy forms?
■ No		
☐ Yes.	Name of Person Attach the Bankru	ptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 16 of 63

			9	
	n this information to identify your case:			
Debte	Dr 1 Dorothy Annabeth Hurt First Name Middle Name Last Name			
Debte				
(Spous	e if, filing) First Name Middle Name Last Name			
Unite	d States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA			
Case (if know	number	_		if this is an ed filing
	cial Form 106Sum		4.	0/45
Be as inforn	nmary of Your Assets and Liabilities and Certain Statistical Information complete and accurate as possible. If two married people are filing together, both are equally responsible for nation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend original forms, you must fill out a new Summary and check the box at the top of this page.		plying	
Part '	Summarize Your Assets			
			our as: alue of	sets what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$		181,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$		27,350.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$		208,350.00
Part 2	2: Summarize Your Liabilities			
				bilities you owe
	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$		243,415.12
	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$		9,784.92
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$		776,028.83
	Your total liabilities	\$		1,029,228.87
Part 3	Summarize Your Income and Expenses			
	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$		4,549.00
	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$		5,294.50
Part 4	4: Answer These Questions for Administrative and Statistical Records			
	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with yo	ur othe	er sche	edules.
7.	■ Yes What kind of debt do you have?			
	- V 114			

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 17 of 63

			9
Debtor 1	Dorothy Annabeth Hurt	Case number (if known)	

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form	
	122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.	\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Tota	l claim
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	9,784.92
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. Total. Add lines 9a through 9f.	\$	9,784.92

Case	3 19-00090-F	KLIVI-7 DOC	. Т	Filed 01/08/19 EOD 01/08	5/19 13.40	.49 P	y 18 01 63
Fill in this infor	mation to identify	your case and th	is filin	g:			
Debtor 1	Dorothy Ani						
Debtor 2	First Name	Middle	Name	Last Name			
(Spouse, if filing)	First Name	Middle	Name	Last Name			
United States Ba	ankruptcy Court for	the: SOUTHER	N DIST	RICT OF INDIANA			
Case number							☐ Check if this is an amended filing
Official Fo	orm 106A/E	ર					
Schedu	le A/B: P	roperty					12/15
think it fits best. I	Be as complete and re space is needed,	accurate as possibl	e. If two	t only once. If an asset fits in more than on married people are filing together, both are this form. On the top of any additional page	e equally respon	sible for su	pplying correct
Part 1: Describe	Each Residence, B	uilding, Land, or Ot	her Rea	I Estate You Own or Have an Interest In			
☐ No. Go to Pa ■ Yes. Where							
1.1	147		Wha	t is the property? Check all that apply			
9153 Ven Street address	s, if available, or other des	scription		Single-family home Duplex or multi-unit building Condominium or cooperative	the amount of	f any secure	aims or exemptions. Put d claims on <i>Schedule D:</i> ms <i>Secured by Property</i> .
Indianapo	olis IN	46234-0000		Manufactured or mobile home	Current value entire proper	rty?	Current value of the portion you own?
City	State	ZIP Code	U Who		Describe the	simple, ten	\$181,000.00 rour ownership interest ancy by the entireties, or
				Debtor 1 only	Fee simple	e	
Marion							
County					☐ Check if (see instru		nmunity property
				er information you wish to add about this ite erty identification number:	em, such as loca	ı	
				rchased March 2014, 3 Bedrooms / Lot)	, 2.5 Bathroo	ms, Atta	ched Garage,
pages you l				your entries from Part 1, including any er here		,	\$181,000.00
Part 2: Describe	Your Vehicles						

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. C a	ırs, vans	trucks, tractors, sport utility ve	hicles, motorcycles			
	No					
	Yes					
3.1	Make: Model:	BMW X4	Who has an interest in the property? Check one Debtor 1 only	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D:</i> <i>Creditors Who Have Claims Secured by Property.</i>		
	Year: Approxi	2015 mate mileage: 22,000 formation:	□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?	
			☐ Check if this is community property (see instructions)	\$24,375.00	\$24,375.00	
□ 5 A			n for all of your entries from Part 2, including an		\$24,375.00	
.p	ages you	nave attached for Fart 2. Write	mat number nere		. ,	
		be Your Personal and Household Ite or have any legal or equitable int	ems terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.	
E	xamples: No	goods and furnishings Major appliances, furniture, linens, scribe	, china, kitchenware			
		Furniture, Kitch	en Goods/Dishes, Appliances, Washer & D	ryer	\$2,000.00	
E	, l No		eo, stereo, and digital equipment; computers, printer nedia players, games	rs, scanners; music collec	ions; electronic devices	
		Television, Desi	ktop Computer		\$20.00	
E	xamples:	s of value Antiques and figurines; paintings, other collections, memorabilia, collections.	prints, or other artwork; books, pictures, or other art llectibles	objects; stamp, coin, or b	aseball card collections;	
	xamples:	for sports and hobbies Sports, photographic, exercise, an musical instruments	nd other hobby equipment; bicycles, pool tables, golf	clubs, skis; canoes and k	ayaks; carpentry tools;	
		Bowling Ball			\$5.00	
		Downing Dan			Ψ0.00	

Debtor 1	Dorothy Annabeth Hurt	Case number (if known)	
	ns oles: Pistols, rifles, shotguns, ammunition, and related equipment		
□ No ■ Yes	Describe		
_ 100.			
	(2) Charter Arms 38 Revolvers		\$300.00
☐ No	s ples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Describe	s	
	Personal Clothing & Shoes		\$100.00
□ No	y bles: Everyday jewelry, costume jewelry, engagement rings, wedding rings, h Describe	neirloom jewelry, watches, gems, golo	d, silver
	Wedding Ring, Necklace		\$100.00
Examp □ No	rm animals ples: Dogs, cats, birds, horses Describe (3) Dogs		\$0.00
	(3) Dogs		φυ.υυ
□ No	her personal and household items you did not already list, including an Give specific information	ny health aids you did not list	
	AC Unit		\$250.00
for Pa	the dollar value of all of your entries from Part 3, including any entries for the following and the dollar value of all of your entries from Part 3, including any entries for the following?		\$2,775.00 Current value of the
			portion you own? Do not deduct secured claims or exemptions.
□ No	oles: Money you have in your wallet, in your home, in a safe deposit box, and	d on hand when you file your petition	
		Cash	\$200.00
Examp □ No	its of money oles: Checking, savings, or other financial accounts; certificates of deposit; sl institutions. If you have multiple accounts with the same institution, list e		uses, and other similar

Debtor 1	Dorothy Ann	nabeth I	Hurt		Case number (if ki	nown)	
		17.1.	Checking	First Financial Bank			\$0.00
Exam			cly traded stocks ent accounts with bro	okerage firms, money market accoun	nts		
■ No □ Yes.			Institution or issuer	name:			
	oublicly traded st venture	ock and	interests in incorpo	orated and unincorporated busine	sses, including an ir	nterest in an LLC, pa	rtnership, and
Yes	. Give specific inf		about them me of entity:		% of ownership:		
		LL On eq	C. This LLC ceasely assets consist uipment, no acco	erest of Showline Drywall sed operations Winter 2018. ts of miscellaneous office bunts receivables, and no abilities exceed assets.	51	%	\$0.00
		Da	iik accounts. Lia	bilities exceed assets.			
		On wa pu	lly asset of this Larehouse. There in the properties of the proper	of Showline Properties LLC. LC is a office building and is a currently an offer to erty for \$625,000.00.			•
			proximately \$500		100	%	\$0.00
Non-r ■ No □ Yes. 21. Retire	negotiable instrum Give specific info	ormation lss	those you cannot tra about them uer name:	shiers' checks, promissory notes, and ansfer to someone by signing or delive to some the sound t	ering them.	naring plans	
☐ Yes.	. List each accour		tely. of account:	Institution name:			
Your		d deposi	ts you have made so	o that you may continue service or us public utilities (electric, gas, water), t		ompanies, or others	
☐ Yes.				Institution name or individual:			
_	ties (A contract fo	or a perio	dic payment of mone	ey to you, either for life or for a number	er of years)		
■ No □ Yes.	ls	suer nam	e and description.				
	sts in an education.C. §§ 530(b)(1),			ualified ABLE program, or under a	ı qualified state tuitic	on program.	
	In	stitution i	name and description	n. Separately file the records of any i	nterests.11 U.S.C. § 5	521(c):	
25. Trusts	s, equitable or fu	ture inte	rests in property (o	other than anything listed in line 1)	, and rights or powe	rs exercisable for yo	our benefit
■ Yes	. Give specific inf	ormation	about them				
				of Hurt Boston Trust. This is		st.	\$0.00

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 22 of 63

Debto	Dorothy Annabeth Hurt		Case number (if known)	
_	y financial assets you did not already list			
■ 1	· ·			
Ц,	Yes. Give specific information			
	add the dollar value of all of your entries from Part 4, including or Part 4. Write that number here			\$200.00
Part 5:	Describe Any Business-Related Property You Own or Have an Intere	est In. List any real esta	ate in Part 1.	
37. Do	_ you own or have any legal or equitable interest in any business-relate	d property?		
■ N	o. Go to Part 6.			
☐ Y	es. Go to line 38.			
Part 6:	Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. Do	you own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?	
	No. Go to Part 7.			
	Yes. Go to line 47.			
Part 7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
_E	you have other property of any kind you did not already list? xamples: Season tickets, country club membership			
1 =				
	Yes. Give specific information			
54. A	add the dollar value of all of your entries from Part 7. Write tha	nt number here		\$0.00
Part 8:	List the Totals of Each Part of this Form			
55. P	Part 1: Total real estate, line 2			\$181,000.00
	Part 2: Total vehicles, line 5	\$24,375.00	_	Ψ101,000.00
	Part 3: Total personal and household items, line 15	\$2,775.00		
58. P	Part 4: Total financial assets, line 36	\$200.00		
59. P	Part 5: Total business-related property, line 45	\$0.00		
60. P	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
	Part 7: Total other property not listed, line 54	\$0.00		
62. T	otal personal property. Add lines 56 through 61	\$27,350.00	Copy personal property total	\$27,350.00
63. T	otal of all property on Schedule A/B. Add line 55 + line 62			\$208 350 00

Debtor 1	Dorothy Annab	eth Hurt		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
Case number (if known)				☐ Check if this is a
				amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	• • •							
Pa	It 1: Identify the Property You Claim as E	xempt						
1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.							
	■ You are claiming state and federal nonban	S.C. § 522(b)(3)						
	☐ You are claiming federal exemptions. 11 l							
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.							
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own		Specific laws that allow exemption				
		Copy the value from Check only one box for each exemption. Schedule A/B						
	9153 Venona Way Indianapolis, IN	\$181,000.00		\$0.00	Ind. Code § 34-55-10-2(c)(1)			
	46234 Marion County (Purchased March 2014, 3 Bedrooms, 2.5 Bathrooms, Attached Garage, City Lot) Line from <i>Schedule A/B</i> : 1.1			100% of fair market value, up to any applicable statutory limit				
	2015 BMW X4 22,000 miles Line from Schedule A/B: 3.1	\$24,375.00		\$0.00	Ind. Code § 34-55-10-2(c)(2)			
	Line Holli Schedule AV.D. 3.1			100% of fair market value, up to any applicable statutory limit				
	Furniture, Kitchen Goods/Dishes, Appliances, Washer & Dryer	\$2,000.00		\$2,000.00	Ind. Code § 34-55-10-2(c)(2)			
	Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit				
	Television, Desktop Computer	\$20.00		\$20.00	Ind. Code § 34-55-10-2(c)(2)			
	Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit				
	Bowling Ball	\$5.00		\$5.00	Ind. Code § 34-55-10-2(c)(2)			
	Line from Schedule A/B: 9.1			100% of fair market value, up to any applicable statutory limit				

Official Form 106C

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 25 of 63

tor 1 Dorothy Annabeth Hurt Brief description of the property and line on	Current value of the	Δma	ount of the exemption you claim	Specific laws that allow exemption
Schedule A/B that lists this property	portion you own Copy the value from		ck only one box for each exemption.	Specific laws that allow exemption
(2) Charter Arms 38 Revolvers	Schedule A/B \$300.00	-	\$300.00	Ind. Code § 34-55-10-2(c)(2
Line from Schedule A/B: 10.1			100% of fair market value, up to any applicable statutory limit	
Personal Clothing & Shoes Line from Schedule A/B: 11.1	\$100.00		\$100.00	Ind. Code § 34-55-10-2(c)(2
Line nom Schedule A/D.			100% of fair market value, up to any applicable statutory limit	
Wedding Ring, Necklace Line from Schedule A/B: 12.1	\$100.00		\$100.00	Ind. Code § 34-55-10-2(c)(2
Ellie Holli Garedale A/B. 12.1			100% of fair market value, up to any applicable statutory limit	
(3) Dogs Line from Schedule A/B: 13.1	\$0.00	•	\$0.00	Ind. Code § 34-55-10-2(c)(2
Zillo Iloni Goriodalo / V.D. 1911			100% of fair market value, up to any applicable statutory limit	
AC Unit Line from Schedule A/B: 14.1	\$250.00		\$0.00	Ind. Code § 34-55-10-2(c)(2
Zino nom concedero / v.z. 1 m			100% of fair market value, up to any applicable statutory limit	
Cash Line from Schedule A/B: 16.1	\$200.00		\$200.00	Ind. Code § 34-55-10-2(c)(3
Ellio IIolii Goricadie 7V E. 1911			100% of fair market value, up to any applicable statutory limit	
Checking: First Financial Bank Line from Schedule A/B: 17.1	\$0.00		\$0.00	Ind. Code § 34-55-10-2(c)(3
2.10.110.11.00.100.00.00.00.00.00.00.00.0			100% of fair market value, up to any applicable statutory limit	
Debtor has 51% interest of Showline Drywall LLC. This LLC ceased	\$0.00		\$0.00	Ind. Code § 34-55-10-2(c)(3
operations Winter 2018. Only assets consists of miscellaneous office equipment, no accounts receivables, and no bank accounts. Liabilities exceed assets. 51 % ownership			100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 19.1 Debtor owns 100% of Showline	¢0.00		¢0.00	Ind. Code § 34-55-10-2(c)(3
Properties LLC. Only asset of this LLC is a office building and warehouse. There is a currently an offer to purchase this property for \$625,000.00. Approximately \$500,000.00 is owed.	\$0.00		100% of fair market value, up to any applicable statutory limit	3333 3 34 30 10 2(0)(0
\$500,000.00 is owed. 100 % ownership Line from <i>Schedule A/B</i> : 19.2				

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 26 of 63

De	btor 1 Dorothy Annabeth Hurt			Case number (if known)		
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B Amount of the exemption you claim Check only one box for each exemption.		ount of the exemption you claim	Specific laws that allow exemption	
				eck only one box for each exemption.		
	Debtor is settlor of Hurt Boston Trust. This is a revocable trust. All	\$0.00		\$0.00	Ind. Code § 34-55-10-2(c)(3)	
	of debtors assets listed on schedules are property of the trust. Line from Schedule A/B: 25.1			100% of fair market value, up to any applicable statutory limit		
	Federal/State: Anticipates 2018 tax refund due to loss of business	. 20.00		\$200.00	Ind. Code § 34-55-10-2(c)(3)	
	income. Line from Schedule A/B: 28.1		☐ 100% of fair market value, up to any applicable statutory limit			
	Term life insurance policy through	\$0.00		100%	Ind. Code §§ 27-1-12-14, 27-2-5-1(c)	
	Beneficiary: Son & Daughter Line from Schedule A/B: 31.1		☐ 100% of fair market value, up to any applicable statutory limit		• •	
3.	Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 No	· · · · · · · · · · · · · · · · · · ·		led on or after the date of adjustmer	nt.)	
	Yes. Did you acquire the property covere	d by the exemption wi	thin 1	,215 days before you filed this case	?	
	□ No					
	☐ Yes					

Fill in this information to identify y				
Fill in this information to identify yo	our case:			
Debtor 1 Dorothy Anna First Name	beth Hurt Middle Name Last Name		-	
Debtor 2				
(Spouse if, filing) First Name	Middle Name Last Name		-	
United States Bankruptcy Court for th	e: SOUTHERN DISTRICT OF INDIANA		-	
Case number				
(if known)			☐ Check	if this is an
			amend	ded filing
Official Forms 400D				
Official Form 106D				
Schedule D: Creditor	s Who Have Claims Secure	d by Propert	У	12/15
	e. If two married people are filing together, both are e it out, number the entries, and attach it to this form. O			
number (if known).				
Do any creditors have claims secured	by your property?			
☐ No. Check this box and submit	this form to the court with your other schedules.	You have nothing else	to report on this form.	
Yes. Fill in all of the informatio	n below.			
Part 1: List All Secured Claims				
2. List all secured claims. If a creditor ha	s more than one secured claim, list the creditor separatel	Column A	Column B	Column C
for each claim. If more than one creditor h	as a particular claim, list the other creditors in Part 2. As	Amount of claim	Value of collateral	Unsecured
much as possible, list the claims in alphabe	etical order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 Financial Center Federal	Describe the property that secures the claim:	\$30,000.00	\$24,375.00	\$5,625.00
Credit Union Creditor's Name	2015 BMW X4 22,000 miles	Ψου,σου.σο	<u>ΨΣΨ,ΘΤΘΙΘΘ</u>	Ψο,ο20.00
	2013 Biviv A4 22,000 illies			
PO Box 26501	As of the date you file, the claim is: Check all that apply.			
Indianapolis, IN 46226	Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or secar loan)	ecured		
Debtor 2 only	,			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another☐ Check if this claim relates to a		nan		
community debt	Other (including a right to offset)	Jaii		
Date debt was incurred 2015	Last 4 digits of account number 5687			
2.2 First Financial	Describe the property that secures the claim:	\$66,239.17	\$181,000.00	\$0.00
Creditor's Name	9153 Venona Way Indianapolis, IN			
	46234 Marion County (Purchased March 2014, 3			
	Bedrooms, 2.5 Bathrooms, Attached			
	Garage, City Lot)			
PO Box 476	As of the date you file, the claim is: Check all that			
Hamilton, OH 45012-0476	apply. Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or se	ecured		
☐ Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			

Official Form 106D

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 28 of 63

Debtor 1 Dorothy Annabeth Hurt	Ca	ase number (_{if known})		
First Name Middle N	lame Last Name			
☐ Check if this claim relates to a community debt	Other (including a right to offset)	lit		
Date debt was incurred 10/22/2018	Last 4 digits of account number 4645			
2.3 Franklin Mortgage	Describe the property that secures the claim:	\$102,000.00	\$181,000.00	\$0.00
Creditor's Name	9153 Venona Way Indianapolis, IN	\$102,000.00	\$101,000.00	φυ.υυ
	46234 Marion County			
	(Purchased March 2014, 3			
	Bedrooms, 2.5 Bathrooms, Attached Garage, City Lot)			
PO Box 77404	As of the date you file, the claim is: Check all that			
Ewing, NJ 08628	apply. □ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only	An agreement you made (such as mortgage or secu	ired		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another☐ Check if this claim relates to a	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)			
community debt	Other (including a right to offset) Mortgage			
Date debt was incurred 2014	Last 4 digits of account number 9187			
2.4 Southeastern Supply	Describe the property that secures the claim:	\$42,775.95	\$181,000.00	\$30,015.12
Creditor's Name	9153 Venona Way Indianapolis, IN		<u> </u>	* ,
	46234 Marion County			
	(Purchased March 2014, 3			
	Bedrooms, 2.5 Bathrooms, Attached			
	Garage, City Lot)			
6312 Southeastern Ave	Garage, City Lot) As of the date you file, the claim is: Check all that			
6312 Southeastern Ave Indianapolis, IN 46203	As of the date you file, the claim is: Check all that apply.			
6312 Southeastern Ave Indianapolis, IN 46203 Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply. Contingent			
Indianapolis, IN 46203	As of the date you file, the claim is: Check all that apply.			
Indianapolis, IN 46203	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply.			
Indianapolis, IN 46203 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secu	ıred		
Indianapolis, IN 46203 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secucar loan)	rred		
Indianapolis, IN 46203 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secucar loan) Statutory lien (such as tax lien, mechanic's lien)	ored		
Indianapolis, IN 46203 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secucar loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit			
Indianapolis, IN 46203 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secucar loan) Statutory lien (such as tax lien, mechanic's lien)			
Indianapolis, IN 46203 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secucar loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit			
Indianapolis, IN 46203 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 10/31/2018	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secucar loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Business Description:	ebt	\$250.00	\$2,150.00
Indianapolis, IN 46203 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secucar loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Business Description: Last 4 digits of account number 7095		\$250.00	\$2,150.00
Indianapolis, IN 46203 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 10/31/2018 Wells Fargo Carrier	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secucar loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Business De Last 4 digits of account number 7095	ebt	\$250.00	\$2,150.00
Indianapolis, IN 46203 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 10/31/2018 2.5 Wells Fargo Carrier Creditor's Name	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secucar loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Business De Last 4 digits of account number 7095	ebt	\$250.00	\$2,150.00
Indianapolis, IN 46203 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 10/31/2018 2.5 Wells Fargo Carrier Creditor's Name	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or sect car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Business De Last 4 digits of account number 7095 Describe the property that secures the claim: AC Unit As of the date you file, the claim is: Check all that apply.	ebt	\$250.00	\$2,150.00
Indianapolis, IN 46203 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 10/31/2018 PO Box 77053 Minneapolis, MN 55408	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or sect car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Business De Last 4 digits of account number 7095 Describe the property that secures the claim: AC Unit As of the date you file, the claim is: Check all that apply. Contingent	ebt	\$250.00	\$2,150.00
Indianapolis, IN 46203 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 10/31/2018 2.5 Wells Fargo Carrier Creditor's Name	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or sect car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Business De Last 4 digits of account number 7095 Describe the property that secures the claim: AC Unit As of the date you file, the claim is: Check all that apply.	ebt	\$250.00	\$2,150.00
Indianapolis, IN 46203 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 10/31/2018 PO Box 77053 Minneapolis, MN 55408	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or sect car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Business Di Last 4 digits of account number 7095 Describe the property that secures the claim: AC Unit As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	ebt	\$250.00	\$2,150.00
Indianapolis, IN 46203 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 10/31/2018 PO Box 77053 Minneapolis, MN 55408 Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secucar loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Business De Last 4 digits of account number 7095 Describe the property that secures the claim: AC Unit As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secu	ebt	\$250.00	\$2,150.00
Indianapolis, IN 46203 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 10/31/2018 2.5 Wells Fargo Carrier Creditor's Name PO Box 77053 Minneapolis, MN 55408 Number, Street, City, State & Zip Code Who owes the debt? Check one.	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or sect car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Business De Last 4 digits of account number 7095 Describe the property that secures the claim: AC Unit As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply.	ebt	\$250.00	\$2,150.00

Official Form 106D Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 29 of 63

Debtor 1	Dorothy Annabeth Hurt			Case number (if known)			
	First Name	Middle N	ame Last Name				
☐ At least	one of the deb	tors and another	☐ Judgment lien from a lawsuit				
	if this claim re unity debt	lates to a	Other (including a right to offset)	Purchase Money Security			
Date debt was incurred 11/2/2018 Last 4 digits of account number 6959							
Add the	dollar value of	your entries in C	olumn A on this page. Write that nur	nber here: \$243,415.12			
	the last page of the state of t		the dollar value totals from all pages	\$243,415.12			

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

						•	
Fill in this inform	nation to identify your c	ase:					
Debtor 1	Dorothy Annabeth						
Debior 1	First Name	Middle Name	Last Nam	ne			
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Nam	ie			
United States Ba	nkruptcy Court for the:	SOUTHERN DI	STRICT OF INDIANA				
Case number							
(if known)						☐ Check	if this is an
						ameno	ded filing
Official Forn	0 106E/E						
	:/F: Creditors W	ho Have III	secured Claim				12/15
	d accurate as possible. Use				or creditors with NON	IPPIOPITY claims I	
any executory cont	racts or unexpired leases tory Contracts and Unexpi	that could result in	a claim. Also list execute	ory contrac	ts on Schedule A/B: I	Property (Official For	rm 106A/B) and on
Schedule D: Credit	ors Who Have Claims Secu	red by Property. If	more space is needed, co	opy the Par	rt you need, fill it out,	number the entries i	in the boxes on the
left. Attach the Con name and case nur	itinuation Page to this page nber (if known).	e. If you have no in	formation to report in a P	art, do not	file that Part. On the t	op of any additional	pages, write your
Part 1: List A	II of Your PRIORITY Un	secured Claims					
1. Do any credito	ors have priority unsecured	l claims against yo	u?				
☐ No. Go to P	art 2.						
Yes.							
identify what type possible, list the	r priority unsecured claims pe of claim it is. If a claim ha e claims in alphabetical orde	s both priority and nor according to the cr	onpriority amounts, list that reditor's name. If you have r	claim here	and show both priority a	and nonpriority amoun	its. As much as
	than one creditor holds a par			, booklot)			
(FOI all explain	ation of each type of claim, s	ee the monuclions it		i bookiet.)	Total claim	Priority amount	Nonpriority amount
2.1 Internal	Revenue Service	Last 4	digits of account number	1580	\$9,784.92		
•	editor's Name	\A/b an		44/4/00	140		
PO Box Philade	. 7346 Iphia, PA 19101-7346		was the debt incurred?	11/1/20	718	_	
	treet City State Zlp Code		the date you file, the claim	is: Check	all that apply		
Who incurred	d the debt? Check one.	□ Со	ntingent				
Debtor 1 c	only	□ Un	liquidated				
Debtor 2 o	only	☐ Dis	puted				
Debtor 1 a	and Debtor 2 only		of PRIORITY unsecured cl	aim:			
At least or	ne of the debtors and anothe	r Do	mestic support obligations				
_	his claim is for a commun	_	kes and certain other debts	vou owo the	a government		
	subject to offset?	_	ims for death or personal in	•	0		
■ No	subject to onset!		ner. Specify	ijary wrinc y	ou were intoxicated		
☐ Yes		1 0 (i	941 Taxes	/Busines	ss Debt		-
Part 2: List A	II of Your NONPRIORIT	Y Unsecured Cla	ims				
3. Do any credito	ors have nonpriority unsec	ured claims agains	st you?				
☐ No. You have	ve nothing to report in this pa	art. Submit this form	to the court with your other	schedules.			
Yes.							
	r nonpriority unacquired als	ime in the alphaba	stical order of the arediter	who holds	each claim. If a are-dis	or has more than and	nonpriority
unsecured clair	r nonpriority unsecured cla m, list the creditor separately or holds a particular claim, lis	for each claim. For	each claim listed, identify w	hat type of	claim it is. Do not list cl	aims already included	in Part 1. If more

Total claim

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 31 of 63

Debtor 1 Dorothy Annabeth Hurt		Case number (if known)					
4.1	Ally Financial	Last 4 digits of account number	4E11	\$7,468.17			
	Nonpriority Creditor's Name PO Box 380903	When was the debt incurred?	3/28/2018				
	Minneapolis, MN 55438-0903 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	☐ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts				
	☐ Yes	Auto Loan Other Specify Debt	Deficiency Balance/Business				
4.2	AT&T/Direct Tv Nonpriority Creditor's Name	Last 4 digits of account number	8590	\$372.07			
	PO Box 5014 Carol Stream, IL 60197-5014	When was the debt incurred?	9/13/2018				
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims					
	■ No	Debts to pension or profit-sharing					
	Yes	Other. Specify Cable & Int	ernet Services				
4.3	Bank of America	Last 4 digits of account number	9966	\$15,175.00			
	Nonpriority Creditor's Name PO Box 15796	When was the debt incurred?	10/11/2018				
	Wilmington, DE 19886-5796 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	·					
		Type of NONPRIORITY unsecured	Disputed Type of NONPRIORITY unsecured claim:				
	☐ At least one of the debtors and another☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?		ration agreement or divorce that you did not				
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts				
	☐ Yes	■ Other Specify Revolving	Charge				

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 32 of 63

Debtor	1 Dorothy Annabeth Hurt	Case number (if known)				
4.4	Bank of America	Last 4 digits of account number	2205	\$5,446.00		
	Nonpriority Creditor's Name PO Box 851001	When was the debt incurred?	10/11/2018			
	Dallas, TX 75285 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i				
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated				
	☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Revolving	Charge			
4.5	Capital One	Last 4 digits of account number	0673	\$6,198.81		
	Nonpriority Creditor's Name PO Box 6492	When was the debt incurred?	9/25/2018			
	Carol Stream, IL 60197 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.	•				
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured				
	\square Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims				
	■ No	Debts to pension or profit-sharin				
	Yes	Other. Specify Revolving	Charge			
4.6	Capital One	Last 4 digits of account number	5296	\$11,100.11		
	Nonpriority Creditor's Name PO Box 6492 Carol Stream, IL 60197	When was the debt incurred?	9/28/2018			
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured				
	Check if this claim is for a community debt		ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims				
	No	Debts to pension or profit-sharin	•			
	☐ Yes	■ Other. Specify Revolving	Charge			

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 33 of 63

Debto	1 Dorothy Annabeth Hurt	Case number (if known)		
4.7	Care Source	Last 4 digits of account number	5700	\$1,388.27
	Nonpriority Creditor's Name PO Box 6065	When was the debt incurred?	7/2/2018	¥ 1,1221
	Indianapolis, IN 46206-6065 Number Street City State Zlp Code	As of the date you file, the claim i		
	Who incurred the debt? Check one.	7.0 0 , , ,	or one on an anal appry	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes ☐ Other. Specify Medical Services			
4.8	Chase	Last 4 digits of account number	7403	\$6,636.96
	Nonpriority Creditor's Name PO Box 6294	When was the debt incurred?	10/28/2018	
	Carol Stream, IL 60197-6294	when was the debt incurred?	10/26/2016	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes			
	165	■ Other. Specify Revolving Charge		
4.9	Chase Nonpriority Creditor's Name	Last 4 digits of account number	5452	\$9,796.93
	PO Box 6294	When was the debt incurred?	10/16/2018	
	Carol Stream, IL 60197-6294	_		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not		
	Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes	■ Other Specify Revolving	Charge	
		- Outlot. Opcomy		

Official Form 106 E/F

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 34 of 63

Debto	1 Dorothy Annabeth Hurt	Case number (if known)		
4.1				
0	Discover	Last 4 digits of account number	1209	\$13,628.00
	Nonpriority Creditor's Name PO Box 6103	When was the debt incurred?	10/10/2018	
	Carol Stream, IL 60197	when was the dept incurred?		
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated ☐ Disputed		
	☐ Debtor 1 and Debtor 2 only			
	☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim:		d claim:	
	_	☐ Student loans		
	debt	bit		
	Is the claim subject to offset?			
	■ No			
	Yes	■ Other. Specify Revolving (Charge	
4.1				
1	FBM	Last 4 digits of account number	Unknown	\$115,128.47
	Nonpriority Creditor's Name	When was the debt incurred?	40/0/2049	
	6872 Paysphere Cir Chicago, IL 60474-6872	when was the debt incurred?	10/9/2018	
	Number Street City State Zlp Code	As of the date you file, the claim i		
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured		
	_	☐ Student loans		
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims	iration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	□Yes	Other. Specify Drywall Supplier/Business Debt		
		Other. Specify Drywan Supplier/Business Debt		
4.1	Federated	Last 4 digits of account number	0827	\$9,530.78
	Nonpriority Creditor's Name	_		
	C/O Rubin & Levin, P.C.	When was the debt incurred?	8/8/2018	
	135 N Pennsylvania St Ste 1400			
	Indianapolis, IN 46204 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim i	S. Check all that apply	
	_	Пол		
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	_	Debts to pension or profit-sharin		
	■ No			
	Yes	■ Other Specify Lawsuit/Bu	SINESS DEDI	

Official Form 106 E/F

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 35 of 63

Debtor	1 Dorothy Annabeth Hurt		Case number (if known)	
4.1	First Merchants		3589	\$400,000.00
3	Nonpriority Creditor's Name	Last 4 digits of account number		\$400,000.00
	PO Box 792	When was the debt incurred?	12/1/2018	
	Muncie, IN 47308			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is	: Check all that apply	
	Debtor 1 only			
	Debtor 2 only	☐ Contingent		
		Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Line of Credit/Business Debt		
	Check if this claim is for a community			
	debt Is the claim subject to offset?			
	No			
	☐ Yes			
	Li Yes	Other. Specify	in Dusiness Debt	
4.1				
4	First Merchants Bank	Last 4 digits of account number	6046	\$105,000.00
	Nonpriority Creditor's Name PO Box 792	When was the debt incurred?	12/1/2018	
	Muncie, IN 47308-0792	when was the debt mounted:	12/1/2010	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans	_	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify Linie of Credit/Business Debt		
1				
4.1 5	Ford Credit	Last 4 digits of account number	0724	\$6,048.07
	Nonpriority Creditor's Name C/O Blitt & Gaines	When was the debt incurred?	8/6/2018	
	8500 Keystone Crossing #555	when was the debt incurred?	8/8/2018	
	Indianapolis, IN 46240			
	Number Street City State Zlp Code	As of the date you file, the claim is	: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	Obligations arising out of a separ	ation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	•	
	■ No	Debts to pension or profit-sharing plans, and other similar debts		
		Auto Loan [
	Yes	Other. Specify Balance/Lav	vsuit/Business Debt	

Official Form 106 E/F

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 36 of 63

Debto	Dorothy Annabeth Hurt	Case number (if known)		
4.1	Ford Credit	Last 4 digits of account number	8404	\$2.096.23
6	Nonpriority Creditor's Name C/O Blitt & Gaines 8500 Keystone Crossing #555	When was the debt incurred?	8/6/2018	\$2,000.20
	Indianapolis, IN 46240 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Auto Loan Balance/La	Deficiency wsuit/Business Debt	
4.1 7	Indiana Hand & Shoulder	Last 4 digits of account number	5542	\$264.00
	Nonpriority Creditor's Name PO Box 1219 Park Ridge, IL 60068-7219	When was the debt incurred?	1/29/2015	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	Yes	■ Other. Specify Medical Services		
4.1 8	Kohl's	Last 4 digits of account number	1880	\$1,837.07
	Nonpriority Creditor's Name PO Box 2983 Milwaukee, WI 53201-2983	When was the debt incurred?	10/8/2018	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	■ Other. Specify Revolving	Charge	

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 37 of 63

1 Dorothy Annabeth Hurt		Case number (if known)	
Macy's American Express	Last 4 digits of account number	9597	\$5,222.0
Nonpriority Creditor's Name PO Box 9001108 Louisville, KY 40290-1108	When was the debt incurred?	9/28/2018	<u> </u>
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
□Yes	■ Other. Specify Revolving	Charge	
Rock Hampton Transfer Station	Last 4 digits of account number	0023	\$352.0
Nonpriority Creditor's Name 2561 Kentucky Ave	When was the debt incurred?	6/15/2018	
Indianapolis, IN 46221 Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	•		
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt	Obligations arising out of a sepa	aration agreement or divorce that you did not	
ls the claim subject to offset?	report as priority claims	· · · · · · · · · · · · · · · · · · ·	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Dump Bill/I	Business Debt	
Southside Landfill	Last 4 digits of account number	0494	\$2,155.7
Nonpriority Creditor's Name 2561 Kentucky Ave	When was the debt incurred?	6/15/2018	
Indianapolis, IN 46221 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	■ Other, Specify Dump Bill/I	Business Debt	

Official Form 106 E/F

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 38 of 63

Dorothy Annabeth Hurt		Case number (if known)	
SYNCB/Care Credit	Last 4 digits of account number	1875	\$3,050.2
Nonpriority Creditor's Name PO Box 960061	When was the debt incurred?	10/25/2018	
Orlando, FL 32896-0061 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify Revolving	Charge	
SYNCB/Lowes	Last 4 digits of account number	2131	\$258.
Nonpriority Creditor's Name PO Box 530914 Atlanta, GA 30353	When was the debt incurred?	11/1/2018	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	Student loans		
debt s the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	- ·	
Yes	Other. Specify Revolving	Charge	
Target 9814	Last 4 digits of account number	8830	\$15,647.
Nonpriority Creditor's Name PO Box 660170	When was the debt incurred?	10/19/2018	
Dallas, TX 75266-0170 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	•		
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
□Yes	■ Other. Specify Revolving	Charge	

Official Form 106 E/F

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 39 of 63

Debto	Dorothy Annabeth Hurt	Case number (if known)						
4.2 5	USAA Federal Savings Bank	Last 4 digits of account number 9602	\$5,293.13					
	Nonpriority Creditor's Name 10750 McDermott Freeway San Antonio, TX 78288-0509	When was the debt incurred? 10/2/2018						
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply						
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	□ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you di report as priority claims	d not					
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts						
	Yes	Other. Specify Revolving Charge						
4.2	Verizon	Last 4 digits of account number 006S	\$2,252.16					
	Nonpriority Creditor's Name C/O McCarthy, Burgess, Wolff 2600 Cannon Road	When was the debt incurred? 10/5/2018						
	Cleveland, OH 44146 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply						
	Who incurred the debt? Check one.							
	Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you di report as priority claims	d not					
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts						
	☐ Yes	■ Other. Specify Cell Phone Services/Collections/Busine Debt	*SS					
4.2 7	Wells Fargo Nonpriority Creditor's Name	Last 4 digits of account number 3527	\$24,681.82					
	PO Box 51174 Los Angeles, CA 90051-5474	When was the debt incurred? 6/4/2018						
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply						
	Who incurred the debt? Check one.							
	Debtor 1 only	☐ Contingent						
	Debtor 2 only							
	☐ Debtor 1 and Debtor 2 only							
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you di	d not					
	Is the claim subject to offset?	report as priority claims	u not					
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts						
	☐ Yes	■ Other. Specify Revolving Charge/Business Debt						

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 40 of 63

Debtor 1 Dorothy Annabeth Hurt	Case number (if known)					
Name and Address Internal Revenue Service 575 N. Pennsylvania Street Stop SB380 Indianapolis, IN 46204	On which entry in Part 1 or Part 2 did you list the original creditor? Line 2.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims					
	Last 4 digits of account number					
Name and Address SRA Associates 401 Minnetonka Road Somerdale, NJ 08083	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number					

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total					
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	9,784.92
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	9,784.92
	00.	Total i Hority. Add lines of through od.	00.	Φ	9,764.92
					Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.		6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	776,028.83
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	776,028.83

Fill in this inforr	nation to identify your	case:			
Debtor 1	Dorothy Annabet	h Hurt			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	OF INDIANA		
Case number					
(if known)				[Check if this
					amended fil

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Xfinity
5330 E. 65th Street
Indianapolis, IN 46220

State what the contract or lease is for

Cable/Internet Services

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 42 of 63

Fill in this	s information to identify your	case:			
Debtor 1	Dorothy Annabet				
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, fil	ing) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	SOUTHERN DISTRICT	OF INDIANA		
Case num (if known)	nber				☐ Check if this is an amended filing
	ıl Form 106H dule H: Your Cod	ebtors			12/15
eople are	e filing together, both are equ	ally responsible for supp boxes on the left. Attach	olying correct informati In the Additional Page to	on. If more space is n	ate as possible. If two married eeded, copy the Additional Page, o of any Additional Pages, write
1. Do	you have any codebtors? (If	you are filing a joint case,	do not list either spouse	as a codebtor.	
□ No ■ Ye					
	thin the last 8 years, have you na, California, Idaho, Louisiana,				y states and territories include
`	. Go to line 3. s. Did your spouse, former spor	use, or legal equivalent live	e with you at the time?		
in line Form	e 2 again as a codebtor only i	f that person is a guaran	tor or cosigner. Make s	sure you have listed th	g with you. List the person shown ne creditor on Schedule D (Officia Schedule E/F, or Schedule G to fil
	Column 1: Your codebtor Name, Number, Street, City, State and Z	P Code		Column 2: The cre Check all schedule	editor to whom you owe the debt es that apply:
	Showline Drywall LLC			☐ Schedule D, li	ne
	8240 Indy Lane Indianapolis, IN 46214			Schedule E/F,	
	,			☐ Schedule G _ Ford Credit	
3.2	Showline Drywall LLC			П О-b - 4-1- В 1	
	8240 Indy Lane			☐ Schedule D, li ■ Schedule E/F,	
	Indianapolis, IN 46214			☐ Schedule G _ Ford Credit	
3.3	Showline Drywall LLC			□ Schodulo D. II	na
	8240 Indy Lane			☐ Schedule D, li ■ Schedule E/F,	
	Indianapolis, IN 46214			■ Schedule E/F, □ Schedule G _	
				Ally Financial	

Official Form 106H Software Copyright (c) 1996-2018 Best Case, LLC - www.bestcase.com

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 43 of 63

Debtor 1	Dorothy Annabeth Hurt	Case number (if known)
	Additional Page to List More Codebtors	
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.4	Showline Drywall LLC	☐ Schedule D, line
	8240 Indy Lane	■ Schedule E/F, line 4.14
	Indianapolis, IN 46214	☐ Schedule G
		First Merchants Bank
0.5	Observations Democratic L.O.	
3.5	Showline Drywall LLC 8240 Indy Lane	□ Schedule D, line
	Indianapolis, IN 46214	■ Schedule E/F, line <u>4.20</u>
		☐ Schedule G
		Rock Hampton Transfer Station
3.6	Showline Drywall LLC	☐ Schedule D, line
	8240 Indy Lane	■ Schedule E/F, line 4.21
	Indianapolis, IN 46214	☐ Schedule G
		Southside Landfill
3.7	Showline Drywall LLC	☐ Schedule D, line
	8240 Indy Lane Indianapolis, IN 46214	■ Schedule E/F, line4.11
	mulanapons, in 40214	☐ Schedule G
		FBM
3.8	Showline Drywall LLC	Cohadula D. Bara O. A
5.0	8240 Indy Lane	Schedule D, line 2.4
	Indianapolis, IN 46214	☐ Schedule E/F, line ☐ Schedule G
		Southeastern Supply
3.9	Showline Drywall LLC	☐ Schedule D, line
	8240 Indy Lane	■ Schedule E/F, line 4.26
	Indianapolis, IN 46214	☐ Schedule G
		Verizon
3 10	Showline Drywall LLC	☐ Schedule D, line
3.10	8240 Indy Lane	
	Indianapolis, IN 46214	■ Schedule E/F, line2.1
	• /	☐ Schedule G Internal Revenue Service
		internal Nevenue Service
3.11	Showline Drywall LLC	☐ Schedule D, line
	8240 Indy Lane	■ Schedule E/F, line 4.27
	Indianapolis, IN 46214	☐ Schedule G
		Wells Fargo
		-

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 44 of 63

Debtor 1	Dorothy Annabeth Hurt	Case number (if known)				
	Additional Page to List More Codebtors					
•	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt Check all schedules that apply:				
3.12	Showline Drywall LLC 8240 Indy Lane Indianapolis, IN 46214	☐ Schedule D, line ■ Schedule E/F, line4.13 ☐ Schedule G First Merchants				

						•				
	in this information to identify your									
Dei	otor 1 Dorothy A	nnabeth Hurt								
	otor 2 buse, if filing)				_					
Uni	ted States Bankruptcy Court for the	ne: SOUTHERN DISTRIC	CT OF INDIANA							
	se number		_			Check	if this is:			
(If kr	nown)						amende			
_									g postpetition ollowing date:	
0	fficial Form 106l					IM	M / DD/ Y	YYY		
S	chedule I: Your Ind	come								12/1
atta	use. If you are separated and you have a separate sheet to this form t1: Describe Employment information.	. On the top of any additi				d case nui	mber (if k	(nown). A		
			☐ Employed						iiig spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Not employed				☐ Emplo	•		
	employers.	Occupation	Retired							
	Include part-time, seasonal, or self-employed work.	Employer's name								
	Occupation may include studen or homemaker, if it applies.	Employer's address								
		How long employed t	here?				_			
Par	t 2: Give Details About M	onthly Income								
spoo If yo	mate monthly income as of the use unless you are separated. u or your non-filing spouse have r	nore than one employer, co		·	•				·	
mor	e space, attach a separate sheet	o this form.								
						For Debt	tor 1		btor 2 or ng spouse	
2.	List monthly gross wages, sa deductions). If not paid monthly			2.	\$		0.00	\$	N/A	
3.	Estimate and list monthly ove	rtime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add	line 2 + line 3.		4.	\$		0.00	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Debto	r 1	Dorothy Annabeth Hurt	-	C	Case	number (<i>if know</i>	n)				
						Debtor 1			ebtor iling s	2 or pouse	
	Cop	y line 4 here	4.		\$	0.0	0	\$		N/A	<u>\</u>
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	ì.	\$	0.0	0	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b).	\$	0.0		\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c	; .	\$	0.0		\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d	i.	\$	0.0	0	\$		N/A	_
	5e.	Insurance	5e		\$	0.0	0	\$		N/A	\
	5f.	Domestic support obligations	5f.		\$	0.0		\$		N/A	_
	5g.	Union dues	5g		\$	0.0	_	\$		N/A	_
	5h.	Other deductions. Specify:	_ 5h	1.+	\$		0	-		N/A	<u> </u>
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	0.0	0	\$		N/A	<u> </u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	0.0	0	\$		N/A	<u>\</u>
	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						•			
	O.L.	monthly net income.	8a		\$_	0.0		\$		N/A	_
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent	8b).	\$	0.0	0	\$		N/A	<u>\</u>
	oc.	regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c).	\$	0.0	0	\$		N/A	
	8d.	Unemployment compensation	8d	i.	\$	0.0	0	\$		N/A	
	8e.	Social Security	8e	€.	\$	0.0	0	\$		N/A	<u> </u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$	0.0		\$		N/A	
	8g.	Pension or retirement income	8g		\$_	1,549.0				N/A	_
	8h.	Other monthly income. Specify: Help from Family	_ 011	۱.+ ب	\$	3,000.0	·	+ »		N/A	<u>.</u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	<u> </u>	4,549.0	0	\$		N/	A
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		4,549.00 +	\$		N/A	= \$	4,549.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ť-		1,0 10100	* -				1,010100
11.	Stat Incliothe Other	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:	depe		-				hedule		0.00
		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies							12.	\$	4,549.00
13.	Do '	you expect an increase or decrease within the year after you file this form	?							Combi month	ned ly income
		No.									

Official Form 106I Schedule I: Your Income page 2

Fill	in this informa	tion to identify yo	ur case:			1		
Deb		Dorothy Ann		ırt			eck if this is:	
	tor 2 ouse, if filing)							ng howing postpetition chapter of the following date:
Unit	ed States Bankr	uptcy Court for the:	SOUTH	ERN DISTRICT OF INDI	ANA		MM / DD / YYY	Y
	e number nown)							
		rm 106J				1		
		J: Your I						12/1
info	ormation. If m		eded, atta	If two married people a ch another sheet to this n.				
Par 1.	t 1: Descr	ribe Your House	hold					
1.	■ No. Go to		n a senar:	ata housahold?				
	□и	0	·	al Form 106J-2, <i>Expense</i>	s for Separate House	ehold of De	ebtor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state dependents							□ No □ Yes
							_	□ No □ Yes
								□ No
							_	□ Yes □ No
3.	Do your exp	enses include		No				Yes
		f people other th d your depender	han _	Yes				
Est exp	imate your ex	ate Your Ongoir openses as of your a date after the b	our bankru	ptcy filing date unless	you are using this fo plemental <i>Schedule</i>	orm as a s	supplement in a (the box at the to	Chapter 13 case to report p of the form and fill in the
the		h assistance and		government assistance luded it on <i>Schedule I:</i>			Your e	expenses
4.		or home owners and any rent for the		ses for your residence.	Include first mortgage	e 4.	\$	790.50
		led in line 4:	-					
	4a. Real e	estate taxes				4a.	\$	0.00
	4b. Prope	rty, homeowner's				4b.	\$	0.00
		maintenance, re owner's associati				4c. 4d.	·	46.00 25.00
5.	Additional r	nortgage payme	nts for yo	our residence, such as ho	ome equity loans	5.	\$	1,811.00

Debtor 1 Doroth	ny Annabeth Hurt	Case numb	per (if known)	
. Utilities:				
	ity, heat, natural gas	6a.	\$	150.00
	sewer, garbage collection	6b.	\$	150.00
	one, cell phone, Internet, satellite, and cable services	6c.	\$	250.00
•	Specify: Alarm	6d.	\$	58.00
	usekeeping supplies	7.	\$	350.00
	d children's education costs	8.	\$	0.00
	ndry, and dry cleaning	9.	\$	40.00
•	e products and services	10.	\$	20.00
	dental expenses	11.	\$	443.00
	on. Include gas, maintenance, bus or train fare.	11.	Ψ	443.00
	e car payments.	12.	\$	80.00
	nt, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
	ontributions and religious donations	14.	\$	0.00
. Insurance.				- 0.00
	e insurance deducted from your pay or included in lines 4 or 20.			
15a. Life ins		15a.	\$	80.00
15b. Health i	insurance	15b.	\$	52.00
15c. Vehicle	insurance	15c.	\$	133.00
	nsurance. Specify:	15d.	\$	0.00
	t include taxes deducted from your pay or included in lines 4 or 2		•	0.00
Specify:	t morado taxos doddotod mom your pay of moradod in imico 1 of 2	16.	\$	0.00
	r lease payments:			
	ments for Vehicle 1	17a.	\$	541.00
	ments for Vehicle 2	17b.	\$	0.00
	Specify: Wells Fargo	17c.	\$	120.00
17d. Other. S	• •	17d.	\$	0.00
	nts of alimony, maintenance, and support that you did not rep		\$	0.00
	m your pay on line 5, Schedule I, Your Income (Official Form nts you make to support others who do not live with you.	1061).	\$	0.00
Specify:	ins you make to support others who do not live with you.	19.	Ψ	0.00
	operty expenses not included in lines 4 or 5 of this form or o		ur Income.	
	ges on other property	20a.		0.00
20b. Real es		20b.	\$	0.00
	y, homeowner's, or renter's insurance	20c.	•	0.00
•	nance, repair, and upkeep expenses	20d.		0.00
	wner's association or condominium dues	20e.		0.00
. Other: Specif		21.	·	55.00
	· -		тψ	33.00
	ur monthly expenses		•	
	s 4 through 21.		\$	5,294.50
	e 22 (monthly expenses for Debtor 2), if any, from Official Form 1	06J-2	\$	
22c. Add line	22a and 22b. The result is your monthly expenses.		\$	5,294.50
. Calculate you	ur monthly net income.			
-	ne 12 (your combined monthly income) from Schedule I.	23a.	\$	4,549.00
	our monthly expenses from line 22c above.	23b.	-\$	5,294.50
	, . ,	_5.	· 	0,204.00
23c. Subtrac	ct your monthly expenses from your monthly income.		•	745 50
	sult is your monthly net income.	23c.	\$	-745.50
For example, do modification to t	ct an increase or decrease in your expenses within the year as you expect to finish paying for your car loan within the year or do you expine terms of your mortgage?			or decrease because c
■ No.	Evolain here:			
1 I V 00	I EADISID DOLO.			

							1	
Fill in th	nis info	rmation to identify your	case:					
Debtor 1	1	Dorothy Annabet	h Hurt					
		First Name	Middle Name	Las	st Name			
Debtor 2		- 						
(Spouse if,	filing)	First Name	Middle Name	Las	st Name			
United S	States B	Sankruptcy Court for the:	SOUTHERN DISTRIC	T OF INDIAN	IA			
Case nu	ımber							
(if known)								Check if this is an
							_	amended filing
<u>Officia</u>	al For	<u>m 106Dec</u>						
Decl	lara	tion About a	n Individua	l Debt	or's Sch	edules		12/15
	<u> </u>		- III III III II II II II II II II II II	. 2081	0. 0 00	<u> </u>		12/13
If two ma	arried n	people are filing together	. both are equally respons	onsible for s	supplying correc	t information.		
		3 . 3	,					
		nis form whenever you fi						
		ey or property by fraud in 18 U.S.C. §§ 152, 1341, 1		ikruptcy cas	e can result in ti	nes up to \$250,0	ou, or imp	risonment for up to 20
years, or	botii.	10 0.0.0. 33 102, 1041, 1	010, 4114 007 11					
	Sig	gn Below						
Did	d you p	ay or agree to pay some	one who is NOT an atto	rney to help	you fill out ban	kruptcy forms?		
	No							
П	Yes.	Name of person				Attach Bar	nkruptcv Pe	etition Preparer's Notice,
_								nature (Official Form 119)
Hnd	dor non	alty of perjury, I declare	that I have read the sur	nmary and s	chodulae filad w	ith this doclarati	ion and	
		re true and correct.	mat i nave reau me sur	illiai y aliu s	chedules med w	illi tilis deciarati	on and	
	-							
X		rothy Annabeth Hurt		X				
		thy Annabeth Hurt			Signature of De	btor 2		
	Signati	ure of Debtor 1						
	Date	December 17, 2018			Date			
	-							

Fill in this info	rmation to identify your	case:			
Debtor 1	Dorothy Annabet	th Hurt			
Dahtar 0	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	SOUTHERN DIS	TRICT OF INDIANA		
Case number					
(if known)					☐ Check if this is an amended filing
Official Fo	orm 108				
Stateme	nt of Intention	n for Indiv	riduals Filing Unde	r Chapter	7 12/15
If you are an inc	dividual filing under cha	pter 7, you must fil	l out this form if:		
creditors have	ve claims secured by yo	our property, or			
You must file th	ever is earlier, unless tl	vithin 30 days after	ot expired. you file your bankruptcy petition o e time for cause. You must also se		
	people are filing togethe and date the form.	r in a joint case, bo	th are equally responsible for sup	plying correct info	rmation. Both debtors must
			s needed, attach a separate sheet t	o this form. On the	e top of any additional pages,
write y	your name and case nu	mber (if known).			
Part 1: List Y	Your Creditors Who Hav	re Secured Claims			
		art 1 of Schedule D	: Creditors Who Have Claims Secu	ured by Property (C	Official Form 106D), fill in the
information be Identify the c	pelow. reditor and the property	that is collateral	What do you intend to do with to secures a debt?	he property that	Did you claim the property as exempt on Schedule C?
	Financial Center Fede	eral Credit	☐ Surrender the property. ☐ Retain the property and redee	m it.	□ No
			■ Datain the manager, and automi	-1	Yes
Description o	of 2015 BMW X4 22,0	000 miles	Retain the property and enter in Reaffirmation Agreement.		
property securing deb	t:		☐ Retain the property and [explai	n]:	
Creditor's	First Financial		☐ Surrender the property.		□ No
name:			Retain the property and redee		■ ∨
Description o			Retain the property and enter in Reaffirmation Agreement.	nto a	Yes
property	IN 46234 Marion (, (Purchased March		☐ Retain the property and [explai	n]:	
securing deb	Bedrooms, 2.5 Ba	throoms,			
	Attached Garage,	City Lot)			
Creditor's I	Franklin Mortgage		Currender the correct.		□ No
name:	i rankiini wiortyaye		☐ Surrender the property.☐ Retain the property and redeel	m it.	□ INO
			Retain the property and enter in		Yes

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Debtor 1 Doro	thy Annabeth Hurt	Case number (if known)	
Description of property securing debt:	IN 46234 Marion County	Reaffirmation Agreement. Retain the property and [explain]:	_
Creditor's S name:	outheastern Supply	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of property securing debt:	IN 46234 Marion County	 ■ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	■ Yes
Creditor's V	/ells Fargo Carrier	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of property securing debt:		■ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]:	■ Yes
For any unexpire in the informatio	n below. Do not list real estate leases. U	d in Schedule G: Executory Contracts and Unexpired nexpired leases are leases that are still in effect; the	lease period has not yet ended.
-		the trustee does not assume it. 11 U.S.C. § 365(p)(2	
-	e an unexpired personal property lease if nexpired personal property leases	f the trustee does not assume it. 11 U.S.C. § 365(p)(2	Will the lease be assumed?
-	nexpired personal property leases	f the trustee does not assume it. 11 U.S.C. § 365(p)(2	
Describe your u	nexpired personal property leases	f the trustee does not assume it. 11 U.S.C. § 365(p)(2	Will the lease be assumed?
Describe your understand Lessor's name: Description of lead Property: Lessor's name:	nexpired personal property leases	f the trustee does not assume it. 11 U.S.C. § 365(p)(2	Will the lease be assumed? □ No
Describe your understand Lessor's name: Description of lead Property:	nexpired personal property leases	f the trustee does not assume it. 11 U.S.C. § 365(p)(2	Will the lease be assumed? No Yes
Describe your usues the state of the state o	nexpired personal property leases ased	f the trustee does not assume it. 11 U.S.C. § 365(p)(2	Will the lease be assumed? No Yes No
Describe your usues the state of the second of least property: Lessor's name: Description of least property:	nexpired personal property leases ased	f the trustee does not assume it. 11 U.S.C. § 365(p)(2	Will the lease be assumed? No Yes No Yes
Describe your usues the state of the state o	nexpired personal property leases ased	f the trustee does not assume it. 11 U.S.C. § 365(p)(2	Will the lease be assumed? No Yes No Yes No No
Describe your understand the Lessor's name: Description of leader Property: Lessor's name: Description of leader Property: Lessor's name: Description of leader Property:	nexpired personal property leases ased ased	f the trustee does not assume it. 11 U.S.C. § 365(p)(2	Will the lease be assumed? No Yes No Yes No Yes No Yes
Describe your usues the state of the state o	nexpired personal property leases ased ased	f the trustee does not assume it. 11 U.S.C. § 365(p)(2	Will the lease be assumed? No Yes No Yes No Yes No Yes No Yes No Yes
Describe your understand the second of least property: Lessor's name: Description of least property:	nexpired personal property leases ased ased	f the trustee does not assume it. 11 U.S.C. § 365(p)(2	Will the lease be assumed? No Yes No Yes No Yes No Yes No Yes No No No No
Describe your understand the second of least property: Lessor's name: Description of least property:	nexpired personal property leases ased ased	f the trustee does not assume it. 11 U.S.C. § 365(p)(2	Will the lease be assumed? No Yes
Describe your understand the second of least property: Lessor's name: Description of least property:	nexpired personal property leases ased ased ased	f the trustee does not assume it. 11 U.S.C. § 365(p)(2	Will the lease be assumed? □ No □ Yes □ No
Describe your understand the second of least property: Lessor's name: Description of least property: Lessor's name: Lessor's name: Lessor's name: Lessor's name:	nexpired personal property leases ased ased ased	f the trustee does not assume it. 11 U.S.C. § 365(p)(2	Will the lease be assumed? No Yes

Official Form 108

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 52 of 63

Debtor 1	Dorothy Annabeth Hurt	Case number (if known)	
Description Property:	n of leased		□ Yes

Official Form 108

Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 53 of 63

	1 Dorothy Annabeth Hurt	Case number (if known)
Part 3:	Sign Below	
	penalty of perjury, I declare that I have indicat y that is subject to an unexpired lease.	ed my intention about any property of my estate that secures a debt and any personal
propert		ed my intention about any property of my estate that secures a debt and any personal
propert X /s	y that is subject to an unexpired lease.	
propert X /s D	y that is subject to an unexpired lease. / Dorothy Annabeth Hurt	x

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	:	Liquidation
\$2	45	filing fee
\$7	75	administrative fee
<u>+</u> \$	15	trustee surcharge
\$3	35	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 19-00090-RLM-7 Doc 1 Filed 01/08/19 EOD 01/08/19 13:46:49 Pg 58 of 63

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Southern District of Indiana

In re	Dorothy Annabeth Hurt		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPENSA	TION OF ATTO	RNEY FOR D	EBTOR(S)	
c	ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I compensation paid to me within one year before the filing of the rendered on behalf of the debtor(s) in contemplation of or it	he petition in bankruptcy	, or agreed to be paid	to me, for services rendered	or to
	For legal services, I have agreed to accept		\$	6,145.00	
	Prior to the filing of this statement I have received		\$	6,145.00	
	Balance Due		\$	0.00	
2. \$_	335.00 of the filing fee has been paid.				
3. T	he source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4. T	he source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5. C	☐ I have not agreed to share the above-disclosed compensation	ion with any other person	unless they are mem	bers and associates of my lav	w firm.
•	I have agreed to share the above-disclosed compensation of copy of the agreement, together with a list of the names of				n. A
	Counsel may hire outside representation for the	sole purpose of cove	ring the First Mee	ing of Creditors.	
6. I	n return for the above-disclosed fee, I have agreed to render l	legal service for all aspec	ets of the bankruptcy	case, including:	
b. c. d.	Analysis of the debtor's financial situation, and rendering a Preparation and filing of any petition, schedules, statement Representation of the debtor at the meeting of creditors and Representation of the debtor in adversary proceedings and [Other provisions as needed]	of affairs and plan which d confirmation hearing, a	h may be required; and any adjourned hea		
7. B	y agreement with the debtor(s), the above-disclosed fee does Anything outside the preparation of the case				
	CE	CRTIFICATION			
	certify that the foregoing is a complete statement of any agre nkruptcy proceeding.	ement or arrangement fo	or payment to me for i	representation of the debtor(s)) in
De	ecember 17, 2018	/s/ Mark S. Zuck			
Da	ite	Mark S. Zuckerb Signature of Attorn			
		Bankruptcy Law	Office of Mark S.		
			ania Street - Suite	100	
		Indianapolis, IN 317-687-0000 Fa			
		filings@mszlaw.			
		Name of law firm			

United States Bankruptcy Court Southern District of Indiana

		Southern District of Indiana		
In re	Dorothy Annabeth Hurt		Case No.	
		Debtor(s)	Chapter	7
	VER	IFICATION OF CREDITOR M.	ATRIX	
ie ab	ove-named Debtor hereby verifies	that the attached list of creditors is true and corre	ect to the best	of his/her knowledge.
Date:	December 17, 2018	/s/ Dorothy Annabeth Hurt		
		Dorothy Annaheth Hurt		

Signature of Debtor

DOROTHY ANNABETH HURT 9153 VENONA WAY INDIANAPOLIS, IN 46234

MARK S. ZUCKERBERG BANKRUPTCY LAW OFFICE OF MARK S. ZUCKERBERG 429 N. PENNSYLVANIA STREET - SUITE 100 INDIANAPOLIS, IN 46204

ALLY FINANCIAL PO BOX 380903 MINNEAPOLIS, MN 55438-0903

AT&T/DIRECT TV PO BOX 5014 CAROL STREAM, IL 60197-5014

BANK OF AMERICA PO BOX 15796 WILMINGTON, DE 19886-5796

BANK OF AMERICA PO BOX 851001 DALLAS, TX 75285

CAPITAL ONE PO BOX 6492 CAROL STREAM, IL 60197

CARE SOURCE PO BOX 6065 INDIANAPOLIS, IN 46206-6065

CHASE PO BOX 6294 CAROL STREAM, IL 60197-6294 DISCOVER PO BOX 6103 CAROL STREAM, IL 60197

FBM 6872 PAYSPHERE CIR CHICAGO, IL 60474-6872

FEDERATED C/O RUBIN & LEVIN, P.C. 135 N PENNSYLVANIA ST STE 1400 INDIANAPOLIS, IN 46204

FINANCIAL CENTER FEDERAL CREDIT UNION PO BOX 26501 INDIANAPOLIS, IN 46226

FIRST FINANCIAL PO BOX 476 HAMILTON, OH 45012-0476

FIRST MERCHANTS PO BOX 792 MUNCIE, IN 47308

FIRST MERCHANTS BANK PO BOX 792 MUNCIE, IN 47308-0792

FORD CREDIT C/O BLITT & GAINES 8500 KEYSTONE CROSSING #555 INDIANAPOLIS, IN 46240

FRANKLIN MORTGAGE PO BOX 77404 EWING, NJ 08628 INDIANA HAND & SHOULDER PO BOX 1219 PARK RIDGE, IL 60068-7219

INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101-7346

INTERNAL REVENUE SERVICE 575 N. PENNSYLVANIA STREET STOP SB380 INDIANAPOLIS, IN 46204

KOHL'S PO BOX 2983 MILWAUKEE, WI 53201-2983

MACY'S AMERICAN EXPRESS PO BOX 9001108 LOUISVILLE, KY 40290-1108

ROCK HAMPTON TRANSFER STATION 2561 KENTUCKY AVE INDIANAPOLIS, IN 46221

SHOWLINE DRYWALL LLC 8240 INDY LANE INDIANAPOLIS, IN 46214

SOUTHEASTERN SUPPLY 6312 SOUTHEASTERN AVE INDIANAPOLIS, IN 46203

SOUTHSIDE LANDFILL 2561 KENTUCKY AVE INDIANAPOLIS, IN 46221 SRA ASSOCIATES 401 MINNETONKA ROAD SOMERDALE, NJ 08083

SYNCB/CARE CREDIT PO BOX 960061 ORLANDO, FL 32896-0061

SYNCB/LOWES PO BOX 530914 ATLANTA, GA 30353

TARGET 9814 PO BOX 660170 DALLAS, TX 75266-0170

USAA FEDERAL SAVINGS BANK 10750 MCDERMOTT FREEWAY SAN ANTONIO, TX 78288-0509

VERIZON C/O MCCARTHY, BURGESS, WOLFF 2600 CANNON ROAD CLEVELAND, OH 44146

WELLS FARGO
PO BOX 51174
LOS ANGELES, CA 90051-5474

WELLS FARGO CARRIER PO BOX 77053 MINNEAPOLIS, MN 55408